June 23, 1980

Memo to File

Frank Rhodes called me from Cornell stating his appreciation for the letter I sent him about the structural problems at the medical school. He told me that they had just gotten word from Jack Sawyer that the Mellon Foundation would fund an external study but that this would be conditional on there being a dean in place. He said that Tom Meikle had been offered the Deanship, and would I be good enough to talk to Tom about the prospect of a positive relationship between the Medical School and RU, of course.

It was possible for Tom and I to get together by 4:15 the same afternoon. Tom is very positively considering the prospect out of his own expectation that there must be some solution to the problems there; he thought that perhaps Ted had not been able to elicit the same degree of collegiality that perhaps a subversive personality might do. Lots of luck. I told him that I thought that he Tom was the best possible solution that Cornell could pull together; it was important to move quickly and that inevitably meant an inside person; my main concern was whether he would be ground up and end up being the scapegoat after a year or two if the fundamental conflicts were irremediable. Tell has simple concerns about the turnole

Tom said he thought he could take that chance and I guess he has only a modest degree of self delusion about it. I told him that he knew the personalities and basic assets far better than I did. That the basic sciences there were obviously in total disrepair; I knew rather less about the clinical programs which Tom himself felt

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was fairly revealing. I had been of course developing some rapport with Hibbard Williams but this had hardly begun when he was preparing to leave again. Bob Michels certainly has one of the strongest programs on the clinical side but it is plain that he regards Payne Whitney as his own barony and that is probably typical of the overall structure there. Strikingly he is Chairman of the Faculty Planning Committee for the whole school but this may reflect the fact that he is one of the more successful barons more than his commitment to overall collegial success. However I pointed out that the fact that he was reasonably successful might mean that he would be able to take a larger view of the problems of the school as a whole than someone who headed a department in desparate need.

Tom's ace in the hole may well be that the top leadership of the Hospital will be replaced and new chairman of the board there might well be a person who could work more readily with Tom than the present incumbent. A lot is going to hang on that.

Tom developed model of medical education which is not too different than some of the things that we had talked about before. He thought that the various institutions might be able to accept in each year's class about 15 students each who would in effect be earning a Ph.D. in one of the medical sciences. Then they would go back for their clinical training at the New York Hospital and perhaps further at Memorial in order to qualify for their M.D.'s. I told him I thought that would be fairly enthusiastically received and that some quid pro quo for that would be a deeper participation of our own faculty in curriculum planning and some implementation. With respect to the latter I

expressed the view that the most likely feasible mechanism was not so much the direct participation in major teaching by existing senior faculty. Instead it was quite credible that middle range faculty might be recruited to work in the laboratory facilities under oneoff the existing lab heads at RU and split their time in a teaching responsibility at Cornell. Such appointments would open up recruitment possibilities for both of us that we might not be able to do separately. It would also offer the stop gap of a number of years of availability of laboratory facilities during that period of time that Cornell might be able to repair its own.

I also stressed the point that trying to build a whole series of conventional basic science departments of the model of 30 years ago was going to be quite costly for Cornell that it would simply duplicate a lot of what's already going around the corner and that so different structural approach to that would probably be more desirable. I think this is a point that Tom and I had agreed upon before. As to the overall complexion of the undergraduate medical program I thought that besides the 45 and odd M.D.-Ph.D. candidates that we might have under this arrangement that there could still be another sizable chunk of students along somewhat more conventional molds that would be able to bring the entire roster to something not too different from what it had been before. I guess one of the hardest elements of that is going to be to find places for the 15 Cornell Ph.D.

Tom asked me what I thought about the Medical College disaffiliating from Cornell University. I told him that I did not think the University affiliation was really very much either a virtue or a hindrance; the reputation of the college stood pretty much on its own feet and it was

too remote from Ithaca for that to be really quite such a meaningful relationship. But I suggested that that might be putting matters on the wrong foot that it would be rather traumatic for the University to consider totally dropping this responsibility although that's doubtless a desirable bargaining position to be able to have. More appropriate would be working out of mechanisms that would facilitate the college doing what it needed to do by way of innovative educational programs and not having too tight a leach from Ithaca in that respect in other words to meet the functional problem more directly rather than go through the severance. I did not think that Baylor was really a very good model for this considering that the Baylor Medical School was a tail wagging the dog in terms of overall national position.

Tom indicated that he felt that Frank Rhodes had given him a pretty clear signal of interest in innovation so I think Tom probably is going to go ahead.

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